

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR ORM LIMITED OFFERING EXEMPTION

OMB APPROVAL

OMB Number: 3235-0076 Expires: April 30, 2008

Estimated average burden



| UNIFORM LIMITED OFFERING EXEMI | PTION 06049794 |
|--|---|
| Name of Offering(check if this is an amendment and name has changed, and indicate change.) Offering of Series D Preference Shares | |
| Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment | Q87950 |
| A. BASIC IDENTIFICATION DATA | |
| 1. Enter the information requested about the issuer | |
| Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Spreadtrum Communications, Inc. | |
| Address of Executive Offices (Number and Street, City, State, Zip Code) 810 East Arques Ave., Sunnyvale, CA 94085 | Telephone Number (Including Area Code) (408) 735-8126 |
| Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) Spreadtrum Communications Shanghai, Ltd., 3-4F, No. 696, Song Tao Road, Zhangjiang High-tech Park, Shanghai, China 201203 | Telephone Number (Including Area Code) (86 21) 5080-2727 |
| Brief Description of Business Hardware and software development; wireless communications | PROCESSED OCT 2 5 2000 |
| business trust limited partnership, to be formed | olease specify): THOMSON FINANCIAL |
| Actual or Estimated Date of Incorporation or Organization: Month Year | |
| GENERAL INSTRUCTIONS | |
| Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D of 77d(6). When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering, and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given be which it is due, on the date it was mailed by United States registered or certified mail to that address. Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 2054 Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually photocopies of the manually signed copy or bear typed or printed signatures. Information Required: A new filing must contain all information requested. Amendments need only report thereto, the information requested in Part C, and any material changes from the information previously supplied to be filed with the SEC. | A notice is deemed filed with the U.S. Securities clow or, if received at that address after the date on 19. y signed. Any copies not manually signed must be the name of the issuer and offering, any changes |
| State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sa ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the S are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for accompany this form. This notice shall be filed in the appropriate states in accordance with state law, this notice and must be completed. | ecurities Administrator in each state where sales the exemption, a fee in the proper amount shall |
| ATTENTION | " " |
| Failure to file notice in the appropriate states will not result in a loss of the federal ex appropriate federal notice will not result in a loss of an available state exemption unle filing of a federal notice. | |

МВ

| | | equested for the f | ollowing: suer has been organized w | othin the past five years | | | |
|-----------------------------|------------------------------|-----------------------------------|--|---------------------------|-------------------|---------|-------------------------------------|
| | • | | - | • | f, 10% or more of | a class | of equity securities of the issuer. |
| | | | | corporate general and man | aging partners of | partne | rship issuers; and |
| | in general and i | nanaging partner | of partnership issuers. | | | | |
| Check Box(es | s) that Apply: | Promoter | Beneficial Owner | Executive Officer | □ Director | | General and/or Managing Partner |
| Full Name (L. Wu, Ping | ast name first, if | individual) | | | | | |
| c/o Spreadti | rum Commun | ` | Street, City, State, Zip Co ai, Ltd., 3-4F, No. 696 hina 201203 | • | | | |
| Check Box(c | s) that Apply: | Promoter | Beneficial Owner | Executive Officer | □ Director | | General and/or Managing Partner |
| Full Name (L Chen, Dator | ast name first, i | f individual) | | | | | |
| c/o Spreadti | rum Commun | | Street, City, State, Zip Co aai, Ltd., 3-4F, No. 696 hina 201203 | | | | |
| Check Box(e | s) that Apply: | Promoter | Beneficial Owner | Executive Officer | Director | | General and/or Managing Partner |
| Full Name (L Fan, Renyo | ast name first, i | if individual) | | | - " | | |
| | | ess (Number and rtino, CA 9501 | Street, City, State, Zip Co 4 | ode) | | | |
| Check Box(e | s) that Apply: | Promoter | Beneficial Owner | Executive Officer | Director | | General and/or Managing Partner |
| Full Name (I Lu, Bin | Last name first, | if individual) | | | | | |
| c/o Spreadt | rum Commun | | Street, City, State, Zip Co nai, Ltd., 3-4F, No. 696 hina 201203 | | | | |
| Check Box(e | s) that Apply: | Promoter | Beneficial Owner | Executive Officer | ☐ Director | | General and/or Managing Partner |
| Full Name (I Wang, Terr | ast name first, y Shilian | if individual) | | | | | |
| c/o Spreadt | rum Commu <mark>n</mark> | | Street, City, State, Zip Co nai, Ltd., 3-4F, No. 696 hina 201203 | | | | |
| Check Box(e | s) that Apply: | Promoter | Beneficial Owner | Executive Officer | ☐ Director | | General and/or Managing Partner |
| Full Name (I Zhou, Chen | ast name first, gyun | if individual) | | | | | |
| c/o Spreadt | rum Commun | | Street, City, State, Zip Co nai, Ltd., 3-4F, No. 696 hina 201203 | | | | |

A. BASIC IDENTIFICATION DATA

| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | □ Director | General and/or Managing Partner |
|---|----------------|-----------------------------|-------------------|-------------|---------------------------------|
| Full Name (Last name first, i Deng, Feng | f individual) | | | | |
| Business or Residence Addre Suite 2301, SP Tower A,, | | | | 084 | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, if Sandell, Scott | individual) | | | | |
| Business or Residence Addre c/o New Enterprise Assoc | | | | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, i Wang, Paul | if individual) | | | | |
| Business or Residence Addre c/o Pacific Venture Group | | | | ina, 200041 | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | □ Director | General and/or Managing Partner |
| Full Name (Last name first, i Wang, Philip | f individual) | | | | |
| Business or Residence Addre 1731 Technology Dr. Sui | | | ode) | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, i New Enterprise Associate | | Partnership | | | |
| Business or Residence Addre Attn: C. Richard Kramlic | | | | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, i Ji, Jin | f individual) | | | | |
| Business or Residence Address 21 Louise Dr., Sunnyval | | Street, City, State, Zip Co | ode) | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, i Fortune Venture Investor | | | | | |
| Business or Residence Addre 1731 Technology Dr. Sui | | | ode) | | |

| B. INFORMATION ABOUT OFFERING 1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? | | |
|---|-----------------|------------------|
| 1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? | | |
| | Yes | No ⊠ |
| Answer also in Appendix, Column 2, if filing under ULOE. | | |
| 2. What is the minimum investment that will be accepted from any individual? | . \$ <u>N/A</u> | |
| | Yes | No |
| 3. Does the offering permit joint ownership of a single unit? | | |
| 4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering | | |
| If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state | : | |
| or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. | 1 | |
| Full Name (Last name first, if individual) | | |
| | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | | |
| Name of Associated Broker or Dealer | | |
| States in Which Person Listed Has Solicited or Intends to Solicit Purchasers | | |
| (Check "All States" or check individual States) | 🔲 | All States |
| AL AK AZ AR CA CO CT DE DC FL GA | н | ID |
| | MS | мо |
| | | = |
| MT NE NV NH NJ NM NY NC ND OH OK | | PA |
| RI SC SD TN TX UT VT VA WA WV WI | WY | PR |
| Full Name (Last name first, if individual) | | • |
| Business or Residence Address (Number and Street, City, State, Zip Code) | · | |
| | | |
| Name of Associated Broker or Dealer | | |
| States in Which Person Listed Has Solicited or Intends to Solicit Purchasers | | |
| (Check "All States" or check individual States) | | All States |
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| AL AK AZ AR CA CO CT DE DC FL GA | | ID [|
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| IL IN IA KS KY LA ME MD MA MI MN | | мо |
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| IL IN IA KS KY LA ME MD MA MI MN | OR | мо |
| IL IN IA KS KY LA ME MD MA MI MN MT NE NV NH NJ NM NY NC ND OH OK | OR | MO PA |
| IL IN IA KS KY LA ME MD MA MI MN MT NE NV NH NJ NM NY NC ND OH OK RI SC SD TN TX UT VT VA WA WV WI | OR | MO PA |
| IL IN IA KS KY LA ME MD MA MI MN MT NE NV NH NJ NM NY NC ND OH OK RI SC SD TN TX UT VT VA WA WV WI Full Name (Last name first, if individual) | OR | MO PA |
| IL IN IA KS KY LA ME MD MA MI MN MT NE NV NH NJ NM NY NC ND OH OK RI SC SD TN TX UT VT VA WA WV WI Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) | OR WY | PA PR |
| II. IN IA KS KY LA ME MD MA MI MN MN MT NE NV NH NJ NM NY NC ND OH OK RI SC SD TN TX UT VT VA WA WV WI Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) | OR WY | MO PA |
| IL IN IA KS KY LA ME MD MA MI MN MT NE NV NH NJ NM NY NC ND OH OK RI SC SD TN TX UT VT VA WA WV WI Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers | OR WY | PA PR |
| II. IN IA KS KY LA ME MD MA MI MN MN MT NE NV NH NJ NM NY NC ND OH OK RI SC SD TN TX UT VT VA WA WV WI Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) | OR WY | PA PR All States |
| IL IN IA KS KY LA ME MD MA MI MN MN NY NC ND OH OK ND OH | OR WY | PA PR All States |

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

| 1. | Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\subseteq \) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. | | | |
|----|--|-----------------------------|-------------|---|
| | Type of Security | Aggregate Offering Price | | Amount Already Sold |
| | Debt\$ | 0 | \$ | 0 |
| | Equity\$ | 19,999,999.80 | \$ | 9,999,999.90 |
| | Common Preferred | | | |
| | Convertible Securities (including warrants)\$ | 0 | \$ | 0 |
| | Partnership Interests\$ | | | 0 |
| | Other (Specify)\$ | | | 0 |
| | Total\$ | | | - |
| | Answer also in Appendix, Column 3, if filing under ULOE. | , | | |
| 2. | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." | | | Aggregate Dollar Amount of Purchases |
| | Accredited Investors | 35 | • | 9,999,999.90 |
| | Non-accredited Investors | | | s <u>0</u> |
| | Total (for filings under Rule 504 only) | | | s — — — — — — — — — — — — — — — — — — — |
| | | | 1 | · |
| 3. | Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1. | | | |
| | Type of Offering | Type of Security | | Dollar Amount Sold |
| | Rule 505 | 0 | \$ | s 0 |
| | Regulation A | 0 | 5 | s <u> </u> |
| | Rule 504 | 0 | \$ | s0 |
| | Total | 0 | 5 | s0 |
| 4 | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. | | | |
| | Transfer Agent's Fees | | s | 0 |
| | Printing and Engraving Costs | | | 0 |
| | Legal Fces | 🖂 | \$ | 200,000.00 |
| | Accounting Fees | | | 0 |
| | Engineering Fees | | . \$ | 0 |
| | Sales Commissions (specify finders' fees separately) | | \$ | 0 |
| | Other Expenses (identify) | | \$ | 0 |
| | Total | | . \$ | 200,000.00 |

| | C. OFFERING PRICE | , NUMBER OF INVESTORS, EXPENSES A | ND USE OF PRO | OCEEDS | | |
|-----|--|---|-----------------|---|---------------|-------------------|
| | b. Enter the difference between the aggregate total expenses furnished in response to Part proceeds to the issuer." | • | "adjusted gross | | s | 19,799,999.80 |
| 5. | Indicate below the amount of the adjusted g each of the purposes shown. If the amount check the box to the left of the estimate. The proceeds to the issuer set forth in response to | t for any purpose is not known, furnish a e total of the payments listed must equal th | n estimate and | | | |
| | | | | Payments to | | |
| | | | | Officers, Directors, & Affiliates | F | ayments to Others |
| | Salaries and fees | | s | 0 | □ \$ | (|
| | Purchase of real estate | | | | | (|
| | Purchase, rental or leasing and installation | | | | | |
| | and equipment | - | 🔲 s_ | 0 | \$ _ | (|
| | Construction or leasing of plant buildings a | nd facilities | s_ | 0 | □ s _ | (|
| | Acquisition of other businesses (including to offering that may be used in exchange for the state of the stat | he assets or securities of another | _ | | _ | |
| | issuer pursuant to a merger) | | | | □ s_ | (|
| | Repayment of indebtedness | | _ | | □ s_ | |
| | Working capital | | | | _ | 19,799,999.80 |
| | Other (specify): | <u> </u> | L S | <u> </u> | □ \$_ | (|
| | | | | 0 | □ \$ _ | |
| | Column Totals | | | | ⊠s | 19,799,999.80 |
| | Total Payments Listed (column totals added | l) | — <u>—</u> | | | 999.80 |
| | | D. FEDERAL SIGNATURE | _ | | | |
| sig | e issuer has duly caused this notice to be signe nature constitutes an undertaking by the issuer formation furnished by the issuer to any non-a | to furnish to the U.S. Securities and Excha | inge Commission | i, upon writte | | |
| ss | uer (Print or Type) | Signature | Date | ; | | |
| Sp | readtrum Communications, Inc. | - May Colon | Octo | ober 5 , 2000 | 5 | |
| | me of Signer (Print or Type) | Title of Signer (Print or Type) | | | | |
| Na | | VP Finance | | | | |

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)